

**Comments and Recommendations for the FCC Notice of Proposed Rulemaking WC
Docket No. 02-60**

From

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The New Mexico State Legislature established the Center for Telehealth at the University of New Mexico Health Sciences Center in 1995. Telehealth is a system that provides access, over distance, to medical care, health-related education and administrative functions through the use of appropriate technologies. The vision of The Center for Telehealth is to improve the health of New Mexicans through the use of distance technologies. Our mission is be a leader in developing a highly visible and sustainable Telehealth network, delivering demonstrable health care services and benefits to New Mexicans, particularly the underserved. Our goals are to:

- Promote the development of a sustainable Telehealth network.
- Foster and develop Telehealth alliances and collaborative activities.
- Provide strategic and operational support to existing and potential Telehealth users
- Conduct research, evaluation, and analysis of Telehealth technologies, programs, and impact on health outcomes.

Our program has facilitated applications for Universal Service Funds in order to develop a New Mexico Telehealth Network and it has been helpful to us in that regard. We are pleased to respond to the opportunity to voice our concerns over how the fund operates in hopes that it will improve service to all. Our recommendations are as follows.

1. Application Renewal Process

Currently, all organizations participating in Universal Service Funds are required to submit annual applications in order to receive funding for the following year.

We believe that this application process is burdensome for rural healthcare organizations. We suggest that the FCC require the standard application for the first year and then require an updated application every five years thereafter unless major changes have taken place, such as ownership, profit status, services provided, etc. By changing the application process so that it is not as time-consuming, many more organizations would likely apply for funds.

2. Eligible Health Care Providers

We recommend that eligibility for Universal Service Funds be expanded to for-profit healthcare organizations in rural communities. The current trend is for small communities to have for-profit organizations managing their health facilities, which is often as the only center that serves the healthcare needs of the citizens of the community. The discount should be considered a **community** discount in rural areas where not-for-profit organizations do not exist.

In addition, nursing homes and other long-term care facilities should also be eligible for the discount. Not only would they be able to use Telehealth to improve the quality of care for their own patients, they could also be required to

serve as a community resource to other patients outside their organization in return for the discount.

3. Elimination of the Maximum Allowable Distance (MAD) calculation

We recommend that the MAD be revised. The discount should apply to where the service is being received, rather than an arbitrary closest city with a population of $\geq 50,000$. Even when closer than a more distant city of $\geq 50,000$, any one city of that size does not necessarily have all the specialists needed, so it may be necessary to go to another more distant city for these services. Distance should not be restricted by the closest city $\geq 50,000$ but rather the distance to the closest city offering the needed medical services. In New Mexico, for example, a patient in Deming in the southern part of the state may need specialty health care services available only in Albuquerque. Yet the nearest city to Deming of 50,000 is Las Cruces, not Albuquerque, which is considerably farther away. Therefore, there should be no maximum allowable distance for telehealth services based on the closest city of $\geq 50,000$. MAD should be based on the closest city offering the needed service.